

☐ PLAINTIFF(S)' ☐ DEFENDANT(S)'

TWO-SIDED FORM

MOTION ☐ TO ☐ FOR _____;

Form #5DC38

DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE FIFTH CIRCUIT

DIVISION
STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

Civil No.

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Defendant(s)

☐ PLAINTIFF(S)' ☐ DEFENDANT(S)' MOTION

☐ TO ☐ FOR _____

Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the Declaration below and is made pursuant to:

- ☐ Rules of the District Courts of the State of Hawai'i, Rule _____;
- ☐ District Court Rules of Civil Procedure, Rule _____;
- ☐ Rules of the Small Claims Division of the District Courts, Rule _____; or
- ☐ Hawai'i Revised Statutes § _____.

DECLARATION

I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:**

1. I am the ☐ Movant or ☐ associated with Movant as _____;
2. The following are facts why Motion should be granted (attach continuation sheet, if necessary);

Signature of Declarant:

Date:

Print/Type Name:

NOTICE OF HEARING

TO: _____:

Please take notice that this Motion will be heard before the Presiding Judge of this Court in his/her Courtroom, at the address checked on the reverse side on _____, _____, 199____, at _____ a.m. or as soon thereafter as parties may be heard.
(continued on reverse side)

COURT ADDRESSES

- ☐ Lihue Division
☐ Lihue (LK) Division
☐ Koloa Division
☐ Waimea Division
☐ Hanalei Division

3059 Umi Street, Room 110, Lihue, Hawai'i
3059 Umi Street, Room 110, Lihue, Hawai'i
3461 Weliweli Road, Koloa, Hawai'i
4556 Makeke Road, Waimea, Hawai'i
5-5358 Kuhio Highway, Hanalei, Hawai'i

Mailing address for the above Courts: **4357 Rice Street, Suite 101, Lihue, Hawai'i 96766-1367.**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

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I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Responding Party(ies)/Responding Party(ies)' Attorney:

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 246-3347, FAX 246-3353, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date.